



12 -15 MILLION*
PEOPLE
AFFECTED



135,528
DISPLACED FROM
MOSUL



2.7 MILLION**
PEOPLE IN NEED
OF HEALTH
SERVICES

299,244***
PEOPLE
REACHED



2,834****
INJURED

Highlights

- WHO in collaboration with the Federal Ministry of Health (MOH) and the Kurdistan Regional Government MOH have supported Samaritan's Purse to open a field hospital in Bartella in Ninawa governorate Mosul. The hospital will provide secondary health care to civilian patients injured in and out of Mosul city.
- WHO donated four surgical kits enough for 400 surgical operations, four trauma kits enough for 400 trauma patients, one caravan, a generator, a laboratory refrigerator, referral and reporting forms to Bartella Field Hospital. In addition, 83 blood units were donated by the DOH Erbil and narcotic medicines by the federal MOH.
- Since 17 October 2016 to 7 January 2017, a total of 2,967 casualty cases from Mosul have been recorded in two emergency hospitals Erbil. The increase was mainly noticeable in Emergency and West Emergency Hospitals in Erbil.
- A donation of 15 pallets of medicines used to treat different ailments has been donated to the UN in Iraq by His Excellency Francois Holland, the President of France. The supplies were received by WHO on behalf of the UN in Erbil.

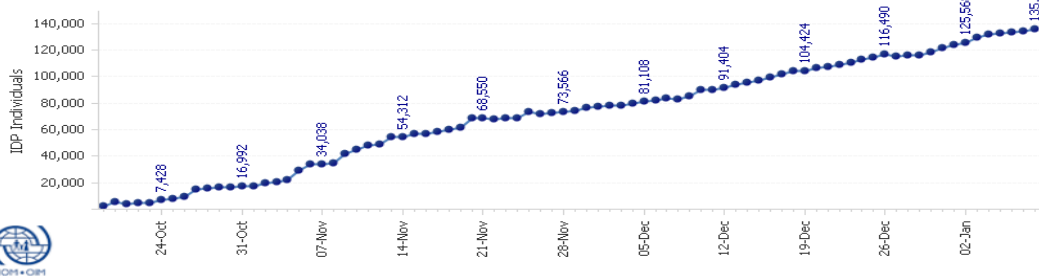


Photo ©: WHO/ P Ajello
Patients queue for health services in Qayyara IDP camp

Situation update

- As at 07 January 2017, the number of persons displaced as a result of the Mosul Operation since 17 October were 135,528 individuals. Since 19 October 2016 when IOM started tracking IDP movement the number of persons displaced have been increasing, refer to the displacement timeline. Most of the IDPs are displaced to Erbil, Dahuk, Kirkuk and safer areas within Ninawa, Salhuddin and Baghdad. As the IDP figures increase, so do the health needs and resources required to support the ongoing response.

Displacement Timeline from 17 October



- In Dahuk, 2,572 new IDPs arrived to Nargizlia screening site in Shikhan district. Through WHO supported mobile medical teams (MMTs), 646 consultations were recorded, of whom 149 were children under 5 years old. There were no communicable diseases alerts recorded.

* As of 23 December 2016, 1.2-1.5 million people could be affected by the military operations – Data source, UNOCHA

** Proposed figures for Humanitarian Response Plans 2017

***Number of consultations since 17 October 2016

****Casualty cases for patients referred to Emergency hospitals in Erbil

***** Only funding status for the Mosul Operations.

EPI updates

- Over the past two weeks, the numbers of wounded patients have increased in hospitals in Erbil. This follows intensified operations in different districts East of Mosul. From 1 to 7 January 2017, Emergency and West Emergency Hospitals in Erbil have each received an average of 50 injured patients per day up from 32 cases received in the previous week. Since 17 October 2016 until 7 January 2017, the numbers of hospital based casualty cases registered in Erbil Emergency hospitals have reached 2,967 cases.
- Partners supporting health service delivery in the newly established camps in Khazer, Hassansham, Zelikan, Jadaa and Qayyarah airstrip started submitting their weekly surveillance reports through the Early Warning Alert and Response Network (EWARN).
- In Epidemiological (Epi) week 52 ending 01 January 2017, 43 health facilities submitted their weekly surveillance reports including 13 mobile medical clinics and 30 static clinics from 11 agencies serving the IDP population. A total of 23,007 consultations were recorded across all IDP camps week. Since Epi week 1 to 52 of 2016 cumulative of 421,777 consultations were recorded from reporting sites from Ninawa governorate that submitted reports.
- The three leading causes of morbidity in the IDP camps include: acute respiratory infections (57%), acute diarrhea (4%) and suspected scabies (3%). Table 1 shows the leading causes of morbidity from by district.

Table 1: The leading causes of morbidity by district in Ninawa governorate

District	Acute Respiratory Infections	Acute Diarrhea	Suspected Scabies	Cutaneous Leishmaniasis	Other diseases
Akre	561	27	11	0	168
Al-Hamdaniya	2563	151	151	3	1951
Mosul	4452	446	555	99	2389
Shikhan	1072	14	6	0	1118
Sinjar	89	0	0	60	153
Telafar	1349	61	44	64	1694
Tilkaif	1228	36	19	5	1526
Grand Total	11314	735	786	231	8999

- In response to the unusual increase of the cutaneous Leishmaniasis cases in Haj Ali IDP settlement in Qayyarah, health authorities in Qayyarah together with WHO carried out an outbreak investigation. Results show that there is an ongoing outbreak of Leishmaniasis. As follow up, WHO supported health facilities in the sub district with 350 vials of pentostam used for the treatment of Leishmaniasis.

Public health concerns

- Limited access of populations in partially liberated areas and inside of Mosul due security challenges.
- Limited movements to newly accessible areas due to security challenges make it hard to conduct quick investigations of suspected cases of communicable diseases in the affected communities.
- Limited health service delivery and shortage of water among populations trapped inside of Mosul remains a concern. This is likely to cause outbreaks of water borne diseases such as acute watery diarrhea.
- Increase in acute upper respiratory tract infections due to cold weather as a result of harsh winter season.

Health needs, priorities and gaps

- Provision of primary health care services to the affected population in newly accessible areas;
- Management of Trauma cases which are steadily increasing;
- Human Resources to support the high numbers of trauma cases in Trauma Stabilization Points (TSPs) and field hospitals.
- Insufficient stock of controlled substances needed for pain management and sedation of patients with severe trauma injuries.

WHO Response

- With support from WHO, the Federal Ministry of Health (MOH) and the Kurdish Regional MOH a field hospital on 6 January 2017, opened in Bartella in Ninawa governorate. This secondary health facility is run by Samaritan's Purse and will offer surgical operations and management of wounded patients from Mosul. This is one out of the initial four field hospitals that WHO will be supporting in the coming weeks/months.

- To support the newly opened Bartella Field Hospital to operate at its optimum, WHO donated four surgical kits enough for 400 surgical operations, four trauma kits enough for 400 trauma patients, one caravan, a generator, a laboratory refrigerator for blood storage. Referral and reporting forms to facilitate compilation and analysis of data on services provided have been also shared. Similarly, with the support of DOH-Erbil, 83 blood units were delivered to support surgery for critically injured patients. In addition, the Federal Ministry of Health also donated narcotic medicines to the hospital.



Photo ©: WHO/ P Ajello
Units of blood ready for transportation to Bartella Field Hospital in Ninewa governorate

- WHO also donated five types of medical devices and one surgical kit enough for 100 surgical operations to Emergency Hospital. The devices include: one defibrillator, 10 packs of electrode pads, and two units of pulse oxymeter. One surgical kit each was also donated to West Emergency hospital and Samah Trauma Center. In addition, vials of pentostam sufficient to treat 1,000 cases of Leishmaniasis were donated to the DOH of Duhok.



Photo ©: WHO/ P Ajello
WHO staff load medical supplies that the agency donated to Samaritan Purse in support of Bartella field hospital.

- On 2 January, 2016, WHO on behalf of UN Iraq received a consignment of life saving medicines from His Excellency Francois Holland, the President of France to support case management of patients injured during the ongoing Mosul operations.
- In Qayyarah, WHO and DOH Ninawa conducted EWARN training for 30 health workers from 14 health facilities in Qayyarah health sub district. Those trained include Medical Officers, data managers and surveillance focal persons. The sub district currently hosts more than 25,000 people fleeing from Mosul due to ongoing fighting and airstrikes in many parts of the city.
- Other support provided by WHO includes donation of five Mobile Medical Clinics (MMC) to Ninawa DOH to support health services delivery in some villages in Qayara district where no health facilities exist, and 10 Interagency Emergency Health Kits (IEHK) enough to treat 10,000 patients for three months. The organization also donated 5 IEHKs enough for 5,000 patients to Al Qahera Primary Health Care Centre (PHCC) inside east Mosul city.
- On 5 January, WHO conducted a mission to Khazer and Hassansham camps to assess the status of Tuberculosis care in the IDP camps and other health services, and explore ways of strengthening the existing care and control activities through health facilities inside the camps. Findings from both health facilities indicated the lacked of Tuberculosis services, overcrowding due to the high patient caseloads and lack of laboratory services in Khazer 1 PHCC. In addition, no authorization has been granted to Khazer 1

PHCC to refer patients that need specialized treatments to general hospitals. This has left all emergency cases untreated or directed to other primary health care centers (PHCC) within the camp. In Hassansham, fuel shortages to run the health facility were reported. WHO has initiated discussions with health authorities in the IDP camps and Ninawa to explore ways of establishing TB services.

- In Dahuk WHO:
 - ✓ Supported the referral system by recruiting 12 medical doctors for Duhok Emergency and Azadi general hospitals. On average each hospital records 2,880 consultations per week.
 - ✓ Continues to support national NGO Heevie to construct PHC in Amalla IDPs, Talafar district. Once completed, WHO will also provide health services.
 - ✓ Delivered 1,050 pentostam injections to DOH-Duhok (Directorate of Preventive Health Affairs) for the treatment of Cutaneous Leishmaniasis.

Partnership
and
coordination

- WHO continues to work with health partners in strengthening health services and referrals across the trauma pathways from Mosul. During the week, WHO convened a meeting on trauma management to harmonize approaches to trauma care and operations, discuss gaps and together with health partners and health authorities at the Federal and Regional levels find appropriate solutions to address identified gaps. Issues raised include challenges faced by partners in recruiting medical staff due to unusually long periods. Limited surgical capacity near the frontlines, challenges referrals pathways as patients take longer hours on the way to the referral hospitals and, the postoperative care and bed capacity does not match with the high trauma caseloads. WHO and other partners plan to open new health facilities and increase the bed capacity at all levels.
- On 2 January, a health cluster coordination meeting was held in Erbil. The main focus was to discuss scenario planning for Eastern Mosul, and coverage of health services, as well as share updates on the Iraq 2017 HRP and Online Project System submissions.
- WHO delivered three caravans comprised of six rooms to International Medical Corps (IMC) to deliver quality health services.

Resource
Mobilization

To fully support health needs resulting from the Mosul operations, WHO requires a total of US\$ 65 million of which US\$ 14 million (21%) has been received. Refer to table 1 for details on WHO funding status.

Table 2: WHO Funding status in US\$ since 1 December 2016*****

Donor	Funds Requested US \$	Funded Awarded US \$
Government of Kuwait	5,000,000	5,000,000
CERF	9,000,000	9,000,000
Total	14,000,000	14,000,000

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